

Security Council Open Debate on Children and Armed Conflict
18 June 2015, Security Council Chamber

Statement by Eunice Apio, Director of Facilitation for Peace and Development

On behalf of my organization, Facilitation for Peace and Development, in collaboration with the Centre for Family and Human Rights, I would like to thank the Malaysian presidency for the invitation to address the Security Council in today's open debate. Ours is a typical grassroots organization, and our work contributes to improving respect for people's rights and promoting sustainable livelihoods. Our participation here today is an illustration of how even-handed the Council can be in fulfilling its mandate.

In my statement I will focus particularly on the challenges that continue to face individuals, and their families and communities, affected by abduction and other activities perpetrated by the Lord's Resistance Army (LRA) in northern Uganda. I do this in the hope that the information may inform further interventions in northern Uganda, but also, and more important, that it may influence efforts to achieve disarmament, demobilization and reintegration (DDR) in zones of war and armed conflict where children still remain extremely vulnerable to abduction and recruitment by insurgent groups.

Between 1986 and 2008, Ugandans, in particular children in northern Uganda, had experiences very comparable to what other children are now experiencing in war and conflict zones, and their impact is still visible today. Of the more than 65,000 civilians who were abducted by the LRA, at least 53 per cent were children, some as young as nine years old. They became forced labourers in the LRA. In addition to soldiering, girls were subjected to systematic rape and sexual violence, which among other things resulted in exposure to sexually transmitted diseases and the birth of thousands of children. Many of those abducted children were killed or maimed during the course of the war, and many still remain unaccounted for. Those who returned were shadows of themselves, broken in body and spirit, just like the families and communities they had left behind, most of whom lived for many years in camps for internally displaced persons (IDPs) and in deplorable living conditions. But others came back to no family at all. **S/PV.7466** Children and armed conflict **18/06/2015** For years, those communities lost their entire livelihoods, and those who could be reached later had to survive on food and non-food items distributed mostly by the World Food Programme and its partners, for which we remain grateful. As happens during most wars, all of the region's infrastructure, including schools, health centres and roads, broke down and ceased to function. All of those things became priorities that competed with the need for direct support to the psycho-social well-being of the children and their families. Their lives have never been the same again.

We should not downplay the fact that the DDR efforts were often fragmented, uncoordinated, experimental and even incomplete — understandably, since we had very little to learn from. While they met many children's emergency and short-term needs — keeping them alive and relatively safe from often enraged and desperate civilians and from looming rejection by their families — those efforts were not a fool-proof solution to the long-term effects of war on the children and their families and communities. What was done in the name of reintegration consisted mainly of transferring individuals from point A to point B. Most children moved directly from the LRA to squalid IDP camps. Some, but not all, received basic counselling at reception centres in between.

Years after the war, the northern region has the highest rate of mental-health-related illnesses in the country, with soaring rates of suicides and alcohol and substance abuse. It has even affected some of the economic and social rehabilitation efforts. Between July 2012 and June 2013, in Gulu hospital, in the north, alone 10,736 psychiatric cases with severe symptoms of post-traumatic stress disorder and depression were documented, an average of 75 cases a day.

Actors in other war zones can learn from us and act early to ensure that individuals and families, along with returning children, receive adequate psychological support. In our context, post-traumatic stress disorder and depression, among other afflictions, are widespread and speak to the need to integrate mental health into primary health care. To cite a recent illustrative case, in 1991, at the age of just nine years, a boy I will call Omona was forced to burn down his house while his parents and two brothers were trapped inside. Shortly after that, as they made their way into the bushes, the group leader ordered him to kill his own brothers for trying to escape. He defected from the LRA in the Democratic Republic of the Congo in 2012, and returned to his home with his partner, who was also a former child soldier, and their three children. Sometimes he and his wife have subjected their children to severe beatings and chased them away to live on the streets in Gulu. The entire family has been diagnosed with severe post-traumatic stress disorder and depression.

The reintegration of such children has been made more difficult because the receiving communities also suffered the effects of war and trauma. For example, in November 2013, a 58 year-old woman, whom I will call Akelo, was

referred to us by a mental-health clinic in Gulu hospital to help her sort out a land-dispute case. I am recounting her story because it is typical of the general population into which ex-combatant children return. In 1996, the LRA raided her compound and cut off her husband's head, ordering her to laugh as she carried it around. At the same time, they killed her son and his family and ordered her to bury the bodies. Now a widow and without a son, her brothers-in-law have ordered her to leave their land under threat of death. They then razed her house to the ground. It was then that she began fearing the setting of the sun, because, she explained, her nights were haunted by thoughts of having had to carry the head of her husband and watch her son and his family killed all over again.

The point here is that, although attention has been accorded to the psychological wounds that children have faced, however short-term, we have largely not addressed those of people like Akelo, who may not have been abducted but still bear the brunt of the war. Yet we have expected people like Akelo, who made up the majority in the communities, to embrace and support the reintegration of formerly abducted children like Omona.

The region is also experiencing extremely high incidences of land conflicts, often leading to violent behaviour and the victimization of children and women, and triggering severe symptoms of mental-health illnesses. As a matter of concern, we have also not extended adequate support for demobilizing and reintegrating IDPs, so that they could come to terms with their experiences and make a more organized resettlement, while protecting the most vulnerable like Akelo. In the process, war orphans, especially those who had been born in IDP camps, found it difficult to identify or even claim their parents' old land. I would like also to draw the attention of the Council to the fact that female ex-combatants who had children found it extremely difficult to re-integrate if their children born 15-18380 **9/96 18/06/2015** Children and armed conflict **S/PV.7466** of war could not integrate, mainly owing to stigma and discrimination.

We also note with concern that, besides recruiting children from mainstream society, groups like the LRA are now increasingly filling positions in their leadership hierarchy with children who were born in the group. As long as they remain in the LRA, those children are also susceptible to being perpetrators of the abduction of other children from mainstream society. They also remain likely to perpetuate sexual violence on other recruits, including on girls born in the group, thereby defeating the very purpose of our attempts to end the use of child soldiers and prevent sexualized violence in war.

We commend the Council for the strong statements and actions that, over the course of the years, have encouraged the fighters in the LRA to defect and embrace DDR. In order not to leave a segment of such groups behind, we suggest that the Council consider other innovative ways that might also appeal to children who are born in and are growing up in the system. While international covenants talk about the protection of all children affected by war, children conceived after sexual violence fall through the cracks in the protection framework. Those children, born of war, especially when older or left parentless in the group, may have no idea how to disassociate from the group.

I am also compelled to state here that I and other scholars within the International Network for Children Born of War — which has its hub at the University of Birmingham in the United Kingdom — are undertaking a series of studies to better understand the phenomenon of being born as a result of sexualized violence in war zones and how that might inform prospects for integration and reintegration across time and space. The contribution of civil society organizations like mine can be made more effective when Governments take the lead in DDR. The effects of armed conflict stay with children for a lifetime. We urge Governments to integrate DDR into long-term national development priorities.